



Inform Asia: USAID's Health Research program

Associate Award 1: Annual Report for Thailand

September 1, 2015-September 30, 2016

Cooperative Agreement Number: AID-486-LA-15-00001

Activity Start Date and End Date: September 1, 2015 to March 31, 2017

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List of Acronyms

AIDS	acquired immunodeficiency syndrome
BATS	Bureau of AIDS, TB, and STIs (Thailand)
COP	Chief of Party
DiC	drop-in-center
HIV	human immunodeficiency virus
IRB	institutional review board
LINKAGES	Linkages across the Continuum of HIV Services for Key Populations Affected by HIV Project
M&E	monitoring and evaluation
MSM	men who have sex with men
NAMC	(Thailand) National AIDS Management Center
NIH	National Institutes of Health
PDR	(Lao) People's Democratic Republic
PTT	policy tracking table
Q	quarter
S&D	stigma and discrimination
STI	sexually transmitted infection
TA	technical assistance
TB	tuberculosis
ToT	training of trainers
TRCARC	Thai Red Cross AIDS Research Centre
UNAIDS	United Nations Joint Programme on AIDS
USAID	United States Agency for International Development
USG	United States Government

I. Program Overview/Summary

Program Name:	Inform Asia: USAID's Health Research Program Associate Award 1
Activity Start Date and End Date:	September 1, 2015–March 31, 2017
Name of Prime Implementing Partner:	RTI International
Contract/Agreement Number:	AID-486-LA-15-00001
Geographic Coverage:	Regional (focus: Thailand and Lao People's Democratic Republic)
Reporting Period:	September 1, 2015–September 30, 2016

1.1 Program Description/Introduction

This is the annual report (September 1, 2015–September 30, 2016) for activities covered under Inform Asia's Associate Award 1 in Thailand.

In Thailand, Associate Award 1 supports a number of activities, including assessing the feasibility, acceptability, and willingness to pay for oral fluid human immunodeficiency virus (HIV) screening among men who have sex with men (MSM) and technical assistance (TA) to the Bureau of Acquired Immunodeficiency Syndrome (AIDS), Tuberculosis (TB), and Sexually Transmitted Infections (STIs) (BATS), which is pilot testing stigma and discrimination (S&D)-reducing interventions in health care settings. In addition, between September 2015 and January 2016, Inform Asia supported a community-based test-and-treat and pre-exposure prophylaxis study and the set-up and launch of the Tangerine Community Health Center, the first transgender-specific health clinic in the country. Led by the Thai Red Cross AIDS Research Centre (TRCARC), these studies aimed to generate evidence to inform national-level policy. The activities were transitioned to TRCARC leadership at the end of January 2016.

As a result of the above, Inform Asia's program descriptions were revised and approved by the United States Agency for International Development (USAID) on June 1, 2016. Following the approval of the revised program description, the revised work plan was submitted on June 30, 2016 and received approval on July 8, 2016.

Associate Award 1 program goal: This award contributes to Inform Asia's overarching program goal of "Improved health outcomes as a result of evidence-based health research results that are used to inform national health policy and programming" by providing resources to conduct HIV-related research and capacity-building activities in Thailand and Lao People's Democratic Republic (PDR).¹ The objective of Associate Award 1 is as follows:

¹ Note that a separate report is submitted covering Associate Award 1 activities for Lao PDR.

Objective 1: Conducting scientific and operational research with regard to key populations, innovation design, health system strengthening, and the promotion of implementation science in Thailand and Lao PDR.

To meet this objective, RTI has undertaken two activities in Thailand (**Exhibit 1**).

Exhibit 1: Summary of Associate Award 1 Activities for Thailand

#	Activity Title	Desired Policy or Programmatic Outcomes	Lead Partner
1.1 ²	<i>Feasibility, acceptability, and willingness to pay for oral fluid HIV screening among MSM in Thailand</i>	<ul style="list-style-type: none"> Evidence to inform policy and programming relating to the use of oral fluid screening for HIV testing and counseling uptake. Evidence for the Thai Food and Drug Administration to register oral screening and make it a testing option available in Thailand. 	RTI and FHI 360 (Linkages across the Continuum of HIV Services for Key Populations Affected by HIV [LINKAGES] Project).
1.2	<i>Stigma and discrimination interventions in health care facilities in Thailand</i>	<ul style="list-style-type: none"> Demonstrable reduction (verified by measurement) of stigma and discrimination in health care facilities. Increased structural/institutional awareness of the ways in which S&D acts as a barrier to service access and fuels HIV transmission and acquisition. Evidence for the Ministry of Public Health to advocate for the accreditation of health care facilities to include stigma and discrimination interventions as standard operating procedures. 	RTI and Thailand's BATS

1.2 Summary of Results to Date

In this section, we present a summary of the activities and results to date for the reporting period of September 1, 2015–September 30, 2016. (Exhibit 2).

Exhibit 2: Summary of Activities and Results

Activity	Annual Results
1.1 Feasibility, acceptability, and willingness to pay for oral fluid HIV screening among MSM in Thailand	<p>In collaboration with LINKAGES, a work plan for the development of a joint study protocol and study implementation plan was developed, and Inform Asia recruited a local consultant to support the work.</p> <p>The study protocol was further adapted based on technical inputs from stakeholders and study partners.</p> <p>An RTI-appointed consultant commenced work with LINKAGES and the oral fluid team to draft the interview guide for collecting qualitative data. A local researcher in Chiang Mai was also identified to provide assistance to the RTI consultant for data collection.</p> <p>The final study protocol was submitted to the Institutional Review Board (IRB) for approval. Once approved, site preparation will begin, followed by data collection.</p>

² Note: These are the original numbers as were shown in the original work plan.

Activity	Annual Results
1.2 S&D interventions in health care facilities in Thailand	<p>Inform Asia supported the adaptation of the toolkit for S&D reduction in health care facilities with TA from Dr. Laura Nyblade, RTI's senior advisor on S&D, and Ross Kidd, one of the authors of the original toolkit.</p> <p>Inform Asia directly supported BATS in conducting an S&D training of trainers (ToT) in Bangkok and the pilot testing of the adapted curriculum in Chiang Mai. BATS has used their own funds to support further training using the S&D curriculum developed with support from Inform Asia.</p> <p>BATS is now piloting S&D interventions in four provinces in the following selected hospitals with implementation funds from RTI and technical support provided through Inform-Asia:</p> <ul style="list-style-type: none"> • Chiang Mai: Prao Hospital and Chiang Dao Hospital; • Chonburi: Nongyai Hospital and Panthong Hospital; • Songkla: Satingpra Hospital and Jana Hospital; and • Bangkok: Bamrasnaradur. <p>Currently, RTI is developing the minimum package of training materials for S&D reduction at health care facilities. RTI has recruited Niwat Suwanphatthana to provide local TA to BATS in finalizing the minimum package. The translation of the minimum package will be conducted afterwards.</p> <p>RTI submitted the final version of the "Advocacy brief: Tackling HIV stigma and discrimination in health care facilities in Thailand," which was approved by USAID in July 2016.</p>

II. Activity Implementation Progress

2.1 Progress Narrative

A revised program description was approved by Regional Development Mission Asia on June 1, 2016. Below is a summary of the status of the work supported under this Associate Award.

2.2 Program Achievements.

Objective 1: Conducting scientific and operational research with regard to key populations, innovation design, health systems strengthening, and the promotion of implementation science in Thailand and Lao PDR

Activity 1.1: Feasibility, acceptability, and willingness to pay for oral fluid HIV screening among men who have sex with men in Thailand

With agreement officer approval, work on this activity was initiated under Inform Asia's Leader With Associate Award in Fiscal Year 15 and focused on laying the foundation for the study implementation. Specifically, this entailed participating in a technical working group that was formed in July 2015 to provide technical input into the study and concept note design. As part of this, Inform Asia collaborated closely with the LINKAGES project (FHI 360) to further develop a concept paper outlining the proposed research and detailing the work that would be supported by Inform Asia and LINKAGES.

In September 2015, all work related to this activity was shifted to Associate Award 1, and in November 2015, the concept paper resulting from the collaboration between Inform Asia and LINKAGES was presented to BATS for feedback and inputs.

By the end of Quarter (Q)1, a work plan to develop the joint study protocol and implementation plan was created. In Q2, the joint overarching study protocol was further adapted based on stakeholder feedback and technical input from study partners.

At the beginning of Q3, Inform Asia identified a local consultant, Dr. Kangwan Fongkeaw, a faculty member of the Department of Communication Arts at Burapha University, to conduct the qualitative component of the study. A local researcher in Chiang Mai has also been identified to provide assistance for data collection.

In June 2016, the Inform Asia consultant was appointed as the Inform Asia representative on the technical working group. In August 2016, he met with the FHI 360 team and USAID to discuss roles and responsibilities and the study procedures.

With support from FHI 360, all study staff completed training in human subjects' protection in early Q4.

The oral fluid study technical working group contributed to finalizing the protocol for submission for initial feedback to IRBs in Thailand. Protocol approval is expected in December 2016, which is later than expected and has meant that RTI is unable to undertake the qualitative component of the study. Once IRB approval is received, Inform Asia's consultant will closely coordinate with FHI 360 to conduct in-depth interviews.

As outlined previously, the Inform Asia-supported component will conduct 48 qualitative interviews with MSM and transgender women to explore the acceptability of and their willingness to undertake oral fluid screening for HIV. The interviews will focus on exploring each of three service delivery approaches: (1) self-testing using HIV oral fluid testing, (2) peer-mediated testing using oral fluid testing, and (3) oral fluid testing using the standard drop-in-center (DiC) approach. Up to eight in-depth interviews will be conducted per subgroup (Exhibit 3). Because these interview participants will be a subset of the overall study participants, informed consent for the larger study will also cover the additional in-depth interviews, which will explore the participant acceptability of oral fluid testing and explore the rationale and reasoning for service delivery preferences, the perceived benefits of testing options, the thoughts related to the reliability of testing results, the desired location for testing, and their willingness to pay. It is anticipated that a final report of the study results will be available by March 2017.

Exhibit 3: Overview of the Oral Fluid Study Participants

Type of Interview Participant [†]	HIV Testing Option			Total
	DiC Approach*	Peer-mediated Testing*	Self-testing*§	
MSM	8	8	8	24
Transgender	8	8	8	24
Total	16	16	16	48

[†] includes a mix of participants from each of the three sites: Bangkok, Pattaya, and Chiang Mai.

* Includes a mix of participants recruited from social media, by a community-based supporter, and through the DiCs.

§ For the self-testing approach, we will include a mix of participants who received their HIV oral fluid test kit by (1) express surface mail, (2) pick up from a community-based supporter, and (3) pick up from selected designated locations.

Activity 1.2: S&D interventions in health care facilities in Thailand

In Q1, USAID granted approval for Inform Asia to provide TA for the adaptation of the global S&D-reduction toolkit. This assistance was provided by Mr. Ross Kidd (an independent consultant) with support from Dr. Laura Nyblade, RTI's Senior S&D Advisor. Mr. Kidd was one of the authors of the original toolkit, and his expertise and training background made him an excellent choice for supporting Thailand's effort to adapt the toolkit to the Thai context.

During September 14–18, 2015, Inform Asia supported an S&D ToT in Bangkok. This ToT brought together 53 representatives from four provinces (Bangkok, Chonburi, Chiang Mai, and Songkla) who were trained by local counterparts on S&D and who subsequently trained their colleagues at the provincial level. This training was facilitated by Mr. Kidd and his local counterpart, Niwat Suwanphatthana. Mr. Kidd supported the team and ensured that all skills had been transferred to them so that they would be able to implement the S&D-reduction work with minimal external support.

On October 6–8, 2015, Inform Asia supported BATS and the Chiang Mai Provincial Health Office to organize a three-day pilot S&D-reduction workshop for health workers at Chiang Dao Hospital, Chiang Mai. Thirty participants attended the workshop, representing all 16 departments of the hospital. The overall aim of the pilot workshop was to test an adapted 12-hour S&D-reduction training course. In addition, the workshop also served as a practice run for the Chiang Mai trainer team and as a test of their ability to conduct future trainings without external TA.

Since Q1 and the adaptation of the S&D curriculum, RTI has met regularly with BATS to discuss the technical approach to piloting a set of S&D-reduction interventions. The directors of BATS and the National AIDS Management Center (NAMC) chair these informal meetings, which have addressed issues related to site selection, implementation approaches, and intervention packages. BATS (using their own funds) is currently supporting S&D-reduction training using the adapted S&D curriculum in four provinces (Bangkok, Chonburi, Chiang Mai, and Songkla).

In Q3, seven hospitals were identified for piloting the full S&D-reduction intervention package:

- Bangkok: Bamrasnaradur Hospital;
- Chiang Mai: Prao and Chiang Dao Hospitals;
- Chonburi: Nongyai and Panthong Hospitals; and
- Songkla: Jana and Sathingpra Hospitals.

Following hospital selection, the team conducted a survey to establish baseline S&D levels; data collection was completed in August in all hospitals, except for Bamrasnaradur Hospital (Bangkok) and Nongyai Hospital (Chonburi). It is anticipated that data collection in the hospitals will be completed in November 2016. After presenting the findings from the baseline survey results, an S&D-reduction plan

tailored to address these findings will be implemented in each hospital. These activities are being funded by RTI corporate funds.

In early Q4, with financial support through Inform Asia, Niwat Suwanphatthana was recruited to provide local TA to BATS to implement the intervention and support the finalization of the S&D-reduction training curriculum based on inputs received from participants and trainers during the implementation of the curriculum.

In June 2016, Inform Asia submitted “Advocacy brief: Tackling HIV stigma and discrimination in health care facilities in Thailand” to USAID and received approval in July 2016. A second advocacy brief is planned to document the experience of the pilot testing and is expected to be submitted by March 2017.

In addition to the above work, in March 2016, Dr. Laura Nyblade was invited to attend a meeting at the White House in Washington, D.C., titled, “Translating research to action: Reducing HIV stigma to optimize HIV outcomes.” RTI advocated to the meeting organizers for our Thai colleagues to be invited to present, and as a result, invitations were extended to Dr. Taweessap Siraprasiri (NAMC), Dr. Sumet Ongwandee (BATS), Ms. Patchara Benjarattanaporn (United Nations Joint Programme on AIDS [UNAIDS]), and Niwat Suwanphatthana (Consultant to BATS). The high-profile, two-day meeting was organized by the Office of National AIDS Policy, the National Institutes of Mental Health, and the Office of AIDS Research at the National Institutes of Health (NIH). The participants from Thailand, along with Dr. Nyblade, participated in panel discussions and had the opportunity to share several aspects of the Thai response to HIV, especially Thailand’s experience in measuring and monitoring S&D, community involvement in fighting stigma, and research intervention and scale-up.

While providing TA in October 2015, BATS approached RTI with questions around developing an e-learning module for stigma reduction for health workers. In response, RTI made introductions between BATS, UNAIDS-Thailand, and a team in India that has developed a mixed learning (tablet and in-person) training for nursing students and hospital ward staff as part of an NIH-funded randomized controlled trial study, on which Laura Nyblade is a co-investigator. UNAIDS is now funding the Indian team to travel to Thailand to provide TA on developing stigma-reduction e-learning materials. They will make two trips to achieve this goal: one in November 2016 and another in 2017.

2.3 Implementation Status

Exhibit 4 lists the activities proposed in the Year 1 work plan and their progress to date.

Exhibit 4: Gantt Chart of Activity Status by the End of Year 1 Implementation

	Lead	Q1	Q2	Q3	Q4	Status
1.1. Feasibility, acceptability, and willingness to pay for oral fluid HIV screening among men who have sex with men in Thailand <i>Partners include LINKAGES (FHI 360)</i>						

	Lead	Q1	Q2	Q3	Q4	Status
In partnership with FHI 360, finalize protocol/tools	RTI		X			Achieved
Obtain IRB approval (FHI 360 lead)	FHI 360					Expected by December 2016
Site and research staff preparation (FHI 360 lead)	FHI 360		X	X	X	Ongoing
Conduct 54 qualitative interviews ³	RTI					Q1 & 2 of Year 2 December 2016 to February 2017
Qualitative data analysis	RTI					Q2 Year 2 March 2017 ⁴
Prepare final report	RTI					Q3 Year 2
1.2 S&D interventions in health care facilities in Thailand (RTI to provide TA to BATS)						
Training for provincial trainers	BATS	X				Achieved
Two advocacy briefs developed	RTI				X	The second brief is expected in Q1 of Year 2
Provision of TA to BATS for S&D activities by RTI Senior S&D Advisor and local short-term TA consultant	RTI			X	X	Ongoing

2.4 Implementation Challenges

The revision of the program description and work plan did not significantly delay implementation but did require additional efforts in administration because the program needed to seek approvals to continue activities.

The oral fluid study is delayed due to the process of obtaining IRB approval, which is now anticipated for December 2016. This means that RTI will not be able to commence the qualitative interviews until December 2016, at the earliest. Following the submission of this annual report RTI intends to seek a no cost extension from USAID, until June 2017.

2.5 Monitoring and Evaluation (M&E) Update

Following USAID's approval of the revised program descriptions on June 1, 2016, a revised work plan was submitted on June 30, 2016. The indicators that were originally proposed for this Associate Award are no longer applicable because of the change in the program direction. At the time this report was being prepared, the M&E

³ Subject to IRB approval.

⁴ Subject to obtaining approval from USAID for a no cost extension.

plan was being revised per USAID's comments. This plan will be submitted to USAID at the end of October 2016.

Exhibit 5 lists the indicators proposed in the first submission of the revised M&E plan. Some indicators will be subject to change once the revised M&E plan is commented on by USAID.

Exhibit 5: M&E Indicators⁵

Indicator	Description & Unit of Measurement	Data Source	Reporting Frequency	Baseline	Target	Progress
Key HIV/AIDS-related policies monitored through policy tracking tables (PTTs) (LGF_PTT)	<p>Use: Monitors activity inputs into policy reform</p> <p>Description: This indicator provides the number of policies that the activity plans to provide or has already provided inputs into. Inputs can be financial or human, including TA.</p> <p>Unit: Absolute number</p>	President's Emergency Plan for AIDS Relief PTTs	Annually	0	1	<p>No progress to date.</p> <p>The indicator is being reviewed.</p>
Qualitative interview data analyzed and documented	<p>Use: Tracks the completion of research activity milestones</p> <p>Description: This indicator may only be counted as achieved when the qualitative interview data are completely analyzed and the findings documented (e.g., in an inception report) for use in the final research product.</p> <p>Unit: Absolute number</p>	Project records	Annually	N/A	N/A	The interviews will be conducted in Year 2, due to delays in obtaining IRB approval.
Number of S&D advocacy products developed with United States Government (USG) funds	<p>Use: Tracks the number of S&D advocacy products produced</p> <p>Description: This indicator provides the total number of S&D-related advocacy products supported by USG funds. Advocacy products may include policy briefs or reports related to S&D research in Thailand and</p>	Activity-tracking sheet	Quarterly	N/A	1	<p>Achieved</p> <p>One policy brief on S&D was developed and approved by USAID during the reporting period.</p>

⁵ These indicators may change subject to the approval of the M&E work plan by USAID.

Indicator	Description & Unit of Measurement	Data Source	Reporting Frequency	Baseline	Target	Progress
	Lao PDR. No disaggregation is necessary. Unit: Absolute number of products					
Number of S&D-reduction training materials adapted	Use: Tracks milestones in the adaptation of the S&D materials Description: This indicator may be counted when the S&D-reduction training materials are adapted for use by stakeholders in Thailand or Lao PDR Unit: Unit of event occurrence	Activity-tracking sheet	Annually	N/A	1	Achieved One curriculum adapted for Thailand
Number of S&D intervention activities supported Please note: This activity is being funded by RTI. Associate Award 1 is paying the consulting fee for Niwat Suwanphatthana to assist with implementation of this activity.	Use: Tracks TA support to S&D intervention activities in Thailand and Lao PDR Description: This indicator provides the total number of S&D intervention activities that were supported. Support provided to activities may include input during the design, implementation, or reporting of S&D intervention activities. Unit: Absolute number of S&D intervention activities	Activity-tracking sheet and temporary duty reports	Quarterly	N/A	2	Achieved Mr. Ross Kidd provided TAs in September and October 2015. Dr. Laura Nyblade provided TA in October 2015 and ongoing virtual support.

III. Management and Administrative Issues

In Q3, Associate Award 1, along with the Leader with Associates Award and Associate Award 2, underwent significant structural changes. Most notably, in April 2016, the Chief of Party (COP) resigned, and RTI immediately commenced recruitment for a new COP. By the end of Q3, a new COP candidate was submitted to USAID for approval. In the interim, with USAID's consent, RTI appointed an acting COP, Dr. Leopoldo Villegas, for May–September 2016. Between September 2016 and when the new COP will commence work (anticipated to be December 1, 2016), the Program Manager (Ms. Felicity Young) will serve as acting COP.

IV. Planned Activities for the Next Reporting Period, including Upcoming Events and Travel

In late Q1 of Year 2 and into Q2, the program plans to conduct in-depth interviews with men who have sex with men and transgender women to explore the acceptability of and their willingness to undertake oral fluid screening for HIV.

To reduce S&D in health care settings, an endline survey is expected by the end of Q1 of Year 2. RTI, together with BATS, NMAC, and the Research Institute for Health Sciences, is developing a concept note to propose a regional meeting to share findings in Thailand and Laos and lessons learned. This concept note will be submitted to USAID by early Q1 of Year 2.

Following the submission of this annual report RTI intends to seek a no cost extension from USAID to run activities until the end of June 2017.

Exhibit 6 presents a list of upcoming travel for Associate Award 1 staff (upon USAID approval) in Q1 of Year 2.

Exhibit 6: Proposed International Travel for Associate Award 1 in Q4

Supported by	Traveler	Link to Activities and Description	Origin	Destination	Trips/Days
Associate Award 1 (Thailand)	Dr. Laura Nyblade, Senior S&D Advisor, RTI	Provide TA to BATS to develop an evaluation framework.	Washington, D.C., United States	Bangkok, Thailand	One trip, 11 days October 2016